Allentown, CBOC

Columbia County, CBOC

Northampton County, CBOC

Sayre, CBOC

Schuylkill County, CBOC

Tobyhanna, CBOC

Williamsport, CBOC

FY 2006

Strategic Plan

February 2006

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Introductory Remarks from the Director, Wilkes-Barre VA Medical Center

The mission of the Wilkes-Barre VA Medical Center is to maintain and improve veteran's health and quality of life. As a means of accomplishing this mission, a Strategic Plan was developed for FY 06. This is part of the overall plan to be a provider by choice by delivering the best health care services to our veterans.

As we approach 2006, we will face challenges, which will serve as accomplishments in our aim to be the best VA Medical Center in the Veterans Health Administration. I believe in our ability to fully accomplish our mission and that we can achieve these goals to better serve our nation's heroes.

/S/

ROLAND E. MOORE
Director, Wilkes-Barre VA Medical Center

I. VHA GOAL: Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.		
VHA Strategies	**Action Plan**	**Accomplishments**
1. Lead the nation in health care for patients with disabilities commonly associated with military service.	1.Screen/access Iraqi war veterans - PTSD 2.Discuss screening and assessment process with Dr. Casagrande. 3.Provide training/education to the professional staff regarding the common ailments associated with military service. 4.Distribute literature regarding the research on disabilities commonly associated with military service (i.e., joint and back problems).	1. Completed 2. Completed 3. Completed 4. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	1.Seamless care: - Reduce gaps from discharge from active duty to VA Care 2.Record transition POD, i.e. SCI Coordinator works with Prosthetics 3.Maintain contact with DOD liaisons assigned to military hospitals. To obtain discharge information on AD military coming out of military hospitals. 4.Provide follow-up calls to the homes of AD military who were recently discharged from military hospitals.	1. Completed 2. Completed 3. Completed 4. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	1.Care to Service Connected & Non Service Connected 2.Ensure that policies and procedures regarding Standards of Care are standardized and maintain same level of quality of care to all veterans. **SPECIAL EMPHASIS PROGRAM**	1. Completed 2. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	**a. SPINAL CORD** 1.To ensure that VERA dollars are captured for those patients who qualify 2.To educate veterans regarding eligibility 3.Maintain SCI registry and automate process 4.Submit monthly and quarterly reports on time 5.Maintain performance measure at the Exceptional level	1. Completed 2. Completed 3. Completed 4. Completed 5. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	**b. Blindness** 1. Increase applications to BRC in West Haven, CT. 2. Use VERA model for coding with new encounter form, when available. 3. Begin local agency training for computer access training for blinded veterans.	1. Completed 2. Completed 3. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	**c. Seriously Mental Ill** 1.Obtain approval and recognition from NEPEC 2.Ensure that all psychiatric patients are screened for MHICM program at time of admission 3.Ensure that MHICM candidates meet the criteria established by NEPEC 4.Increase communication between all individuals concerned who have a need to know about the progress of MHICM program	1. Not Complete 2. Completed 3. Completed 4. Completed

VHA Strategies	Action Plan	Accomplishments
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**d. Substance Abuse** 1.Re-evaluate existing policies/procedures and look at alternatives/options that will firm up and improve existing controls of patients referred to the SUD monitor 2.Provide incentives for SUD patients to complete the program 3.Lead the Nation in the provision of exceptional care 4.Hire staff to do more outreach 5.Increase use of telesocial work for outreach purposes	1. Completed 2. Completed 3. Completed 4. Completed 5. Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**e. Homeless** **1.**Automate reports 2.Lead the Nation in the provision of exceptional care 3.Ensure that Grant & Per Diem programs continue to provide quality care and services to our veterans 4.Continue to network with community agencies to expand our services	1. Completed 2. Completed 3. Completed 4. Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**f. PTSD** Implement procedure on all positive primary care PTSD screens for patients not under current care for PTSD.	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**g. Psychotic Disorders** Increase capacity for veterans with psychotic disorders in CBOCs by implementing/increasing telepsychiatry.	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**h. Minority Veterans** **1.**Continue to educate minority veterans about the program 2.Submit brochures, pamphlets, etc. that describe this program and the services offered 3.Increase enrollment of minority vets into the program by 10%	1. Completed 2. Completed 3. Not Complete
VHA Strategies	Action Plan	Accomplishments
CONTINUED	**i. Women's Health** 1. Monthly cervical and breast cancer screening from EPRP. 2. No-show rates in Women's Health clinics monthly. 3. Osteoporosis screening for women over 65 years. Report quarterly. 4. Educational programs for women veterans at least semi-annually. 5. Social programs for women veterans at least semi-annually. May be integrated with educational programs.	1. Completed 2. Completed 3. Completed 4. Not Complete 5. Not Complete
VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	**j. PACT** 1. Continue to provide early intervention to patients identified at risk for limb loss. 2. Track patients through the continue of care. 3. Seek education to new orthotic devices and wound care techniques as identified in the Service Education Plan.	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
2. Maximize recovery of patients with mental health conditions.	▪ Expand resources for stress related disorder: Hire additional psychologist at AOPC, SOPC and WCBOC to expand PTSD and vocational rehabilitation services at each site.	Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Mental Health Service at each site - Psychologist time in hospital Assign .2 Psychologist to Med/Surg. Assign .5 Psychologist to NHCU.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Vocational Rehabilitation at each site Hire additional psychologist at AOPC, SOPC and WCBOC to expand vocational rehabilitation services at each site.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Substance abuse at each site Hire additional 1 FTE Social Worker at AOPC; .5 FTE Social Worker at SOPC and .5 Social Worker at WCBOC.	Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Noninstitutionalized Care - Adult Day Care - Expand program through staff and community education. 2.HHA - Assess current status and identify future needs. 3.HBPC - Meet and/or exceed the targets established by VISN 4 4.Skilled Nursing - Maintain this program to support present needs of the veteran population and expand the census to enhance effective discharge planning for hospitalized veterans.	1. Completed 2. Completed 3. Completed 4. Completed
II. VHA Goal: Ensure a smooth transition for veterans from active military service to civilian life.		

VHA Strategies	Action Plan	Accomplishments
3. Provide a seamless transition from military to VA health care.	1.Link when veterans discharge Provide a seamless transition from military to VA health care. 2.Maintain contact with DOD liaisons from military hospitals to obtain discharge information on veterans returning home. 3.Follow up with a personal call to the member once s/he returns home.	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Returning combat veterans 1.Provide briefings to military units within our cachement area regarding eligibility and offer enrollment packets. 2.Review VA services and eligibility rights with member. 3.Make an effort to greet the member when s/he arrives for their first scheduled appt. and assist (when possible) in helping them through the facility.	1. Completed 2. Completed 3. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	1.Educate veterans regarding: - eligibility - public marketing 2.Provide briefings to military units within our cachement area regarding eligibility and offer enrollment packets. 3.Look for a video that describes our services and send copies of video to surrounding reserve units and installations.	1. Completed 2. Completed 3. Not Complete
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Check with VBA for involvement for linkages To be determined. There is software that addresses linkages. Will discuss with Chief ISS.	Not Complete
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Work with reserves and DoD for veteran listing	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Visit reserve units to speak POC did a briefing to the Army Reserve Unit, 320 MP unit in Ashley, PA on 8/6/04. VA services and benefits were described and enrollment forms and eligibility packets were distributed.	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
4. Promote timely and equitable access to health care.	Top 50 clinics - Review and Develop Service agreements and ensure they meet requirements 1.Review/Update all existing Service Agreements to comply with National Standard. 2.Identify Top 50 clinics 3.Work with services to develop service agreement for each of the top 50 clinics. Set deadlines for service agreements to be submitted to COS for review/approval. 4.AA/COS and Chief, BOS or designee to review each service agreement to ensure national standards are met prior to publishing and posting on the web page.	1. Completed 2. Completed 3. Completed 4. Completed
VHA Strategies	**Action Plan**	**Accomplishments**

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Access right place for scheduling needs Meet with Dr. Ali, Kathy Mrozinski, Mary Galagotis, Deb Karrott, Sue Rasmussen to establish guidelines to appropriately direct PDS calls	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Assess scheduling process to address veterans scheduling needs especially telephone 2.Publicize in newspaper and web site 3.Educate in clinic areas via pamphlets 4.Clerks educating when giving out team card	1. Completed 2. Completed 3. Completed 4. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Contingency plan if workload is over 30 days 2.AA/CPS and Chief, BOS will develop a mechanism (email) for clinical and business office staff to quickly report any appointment that can not be scheduled within the 30 days. Service Directors, clinical staff, Business Office and COS office will review each for clinic availabilities, potential practice changes (i.e. add groups), staffing, clinic setups to create additional clinic availability when possible. 3.COS has provided blanket approval to fee out any patient who can not be scheduled within 30 days from desired date. Patient will be provided information on our next available appointment date and make a choice of fee or VA for the service. If patient chooses to keep the VA appointment patients desired date will be edited. 4.Chief, BOS and AA//COS will document contingency plan with procedures for implementation. All involved staff in scheduling for services (Business office and Clinical Service staff) will receive copy of plan and education on implementing the contingency plan when needed.	1. Completed 2. Completed 3. Completed 4. Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Contingency plan if cannot answer phone in scheduling Hire additional staff Revert to voicemail	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Build data base to track staffing costs vs. fee costs associated with above contingency plan Chief BOS and AA/COS will develop mechanism to capture the information through-out the year by service. Costs comparisons will be done for use in management decisions regarding staffing and fee contracts.	Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Explore outside scheduling contract Contact outside temp agencies to support scheduling as needed	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Expand CBOCs Williamsport expansion due to increased workload Maintain panel size/wait times	Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Additional CBOCs Open clinic in Northampton County, PA	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Use telemedicine to meet needs 1.Use of Telemedicine to expand needs: Enhance the Utilization of the Telemedicine Technology to decrease waiting times in areas such as: Bangor Outpatient Clinic Residential Care Homes State Veterans Center Scranton State Nursing Home Substance Use Disorder Program Schuylkill Outpatient Clinic 2.Expand use at existing outpatient sites: AOPC, SOPC, WOPC, and TOPC 3.Berwick clinic to be further assessed	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Expand Nutrition Telemedicine services to Northampton and Northumberland CBOC's	Completed

VHA Strategies	Action Plan	Accomplishments
5. Continuously improve the quality and safety of health care.	• Patient education use of equipment Evaluate need for written instructions. Emphasize the Tell, Write, Act (TWA) approach.	Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ National Patient Safety Goals 2005 Hospitals' National Patient Safety Goals: 1) Improve the accuracy of patient identification 2) Improve the effectiveness of communication among caregivers 3) Improve the safety of using medications 4) Improve the safety of using infusion pumps 5) Reduce the risk of health care-associated infections 6) Accurately and completely reconcile medications across the continuum of care 7) Reduce the risk of patient harm resulting from falls 2005 Long Term Care National Patient Safety Goals: 1) Improve the accuracy of resident identification 2) Improve the effectiveness of communication among caregivers 3) Improve the safety of using medications 4) Improve the safety of using infusion pumps 5) Reduce the risk of health care-associated infections 6) Accurately and completely reconcile medications across the continuum of care 7) Reduce the risk of resident harm resulting from falls 8) Reduce the risk of influenza and pneumococcal disease in institutionalized older adults 2005	Completed
	Home Care National Patient Safety Goals 1) Improve the accuracy of patient identification 2) Improve the effectiveness of communication among caregivers 3) Improve the safety of using medications 4) Improve the safety of using infusion pumps 5) Reduce the risk of health care-associated infections 6) Accurately and completely reconcile medications across the continuum of care 7) Reduce the risk of patient harm resulting from falls	Completed
	2005 Laboratory Services National Patient Safety Goals: 1) Improve the accuracy of patient identification 2) Improve the effectiveness of communication among caregivers 3) Reduce the risk of health care-associated infections	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ BCMA to outpatient settings - Work arounds in BCMA National initiative to examine all BCMA work arounds by National workgroup to make it more user friendly and provide care across the continuum. WB BCMA committee meets monthly to discuss problems and resolutions	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ **ID how to handle radiology reports** **Correct data will not be available until the 15th of each month-Diagnostic Service will report at that time.**	Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Ensure resident supervision and competency - according to resident criteria (Self assessment tool) Create template to meet resident supervision requirements	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Assure employees have certifications and privileging requirements prior to hire HR will not appoint until above has been met.	Not Complete

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Develop and implement quality control methods of scanned documents 1. QA reviews - 100% of all documents x 1 week + 3 error free days, then 20% of all documents scanned by staff. 2. Correction of past/future errors in Vista Imaging Display - reclassification of position description of QA Scanning Specialists to include Error Corrections will assist this process.	1. Completed 2. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Review Peer Review Process and standardize 2.Establish Committee to Review/Design and implement new peer review process. The group will review the term peer review and discuss a more appropriate term to ensure it is not confused with the current peer reviews accomplished by Risk Management/PI. 3.Committee will develop forms and set criteria for review quantity, frequency, reporting	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Centralize Peer Review 2.Establish Committee to Review/Design and implement new peer review process. The group will review the term peer review and discuss a more appropriate term to ensure it is not confused with the current peer reviews accomplished by Risk Management/PI. 3.Committee to become oversite and approval body for ongoing monitoring and changes to ensure continued standardization of process throughout the clinical services. 4.Committee to become oversite and approval body for ongoing monitoring and changes to ensure continued standardization of process throughout the clinical services.	1. Not Complete 2. Completed 3. Not Complete 4. Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Implement Care Management (New CPRS) package 1. Alpha test the Nursing and Physician dashboards in a controlled area with 2. Utilize the alpha testers as Super Users 3. Expand to all areas of medical center and outpatient clinics	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Implement "Clinical Procedures" package (1) Prioritize medical equipment to be interfaced (2) Interface one piece a month (3) Assess equipment that currently is not networkable and decide either to replace, upgrade or not interface (BioMed)	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Improve interdisciplinary Rx planning Educate providers on use of new interdisciplinary treatment form and more accurate documentation.	Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Close consults 2.Review current practices to ensure new backlogs do not build. 3.Review and Edit all consult procedures to ensure they are current and facilitate continued success in 0 backlog goal.	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
6. Emphasize patient-centered care, especially for our most vulnerable patients.	▪ Expansion of noninstitutional program, including telehealth 1.Expand non-institutional programs to those patients that need i.e., Home Healthcare: HHA, adhc, HBPC, Respite, Hospice , SCI 2.Formulate and initiate a Telehomehealth program. 3. Enroll 150 patient in the program by the end of FY05.	1. Completed 2. Completed 3. Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Expand care coordination - look at all aspects inpatient and outpatient (home visit) 1.Initiate a Care Coordination Team. 2.Formulate an FY 05 action plan focused on the expansion of Care Coordination throughout the system. 3.Develop a Medical Center - system-wide education roll-out plan.	1. Completed 2. Completed 3. Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Upgrade advanced directives 1. Include training on DNR and advanced directives for annual mandatory review. 2. Continue to monitor DNR and advanced directive postings in nursing home for accuracy.	1. Completed 2. Completed

VHA Strategies	Action Plan	Accomplishments
7. Proactively invite and act on complaints and suggestions.	▪ Recognize staff for patient satisfaction/service (Instant Recognition Awards)	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Use data from patient education, outpatient, inpatient on m ore timely basis. Consult with PI Coordinator to determine method to obtain.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Patient Satisfaction recommendations Advocacy Committee will review and implement.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Review employee suggestion process Advocacy Committee will review and implement.	Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Explore telephonic report on dictated information for specific reports	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Create buddy system for new veterans-volunteers and employees Will review & implement	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Create a preceptor/mentor program for new employees Inform Services that all new employees will be assigned to a Preceptor to guide them in learning their new job. Each Service will inform Staff Development of assignment within one day of EOD.	Completed
VHA Strategies	Action Plan	Accomplishments
8. Equip patients and staff with practical health information.	▪ Increase awareness of HealtheVet and Medical Center HealtheVet Provide classes to Medical Center staff and ongoing classes to veterans. Request volunteer to instruct veterans on computer use in waiting areas.	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Nutrition information on the website	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Increase use of i-med consent 2.Meet with Dr. Ali to determine where we are with process, discuss need to pull group together again to review previous plan and update for FY05and develop plan to continue implementation as new consents are developed and new equipment made available.	1. Completed 2. Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Provide directions to veterans-maps, etc.	Completed
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Assess the feasibility of purchasing a Closed Circuit TV System with Web Interface to enhance patient's viewing in the Hospital	Not Complete
VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Ensure scheduling letters up-to-date	Completed

VHA Strategies	Action Plan	Accomplishments
VHA Strategies	**Action Plan**	**Accomplishments**
9. Focus research efforts on veterans' special health care needs.	▪ Increase awareness of minority veteran health care needs - enhance distribution of research findings	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	1.Participate in VISN wide IRB (by Aug or Sept) 2. Review of Multi-Site IRB Participant Requirements, to include resource 3. Create PD for ACOS/COS for Research to include the roles and responsibilities of the research contact person. 4.Establishment of R&D and HRPP Committees to meet NCQA Accreditation Standards 5.Name IRB Contact Person for WB 6.Designate one representative and one alternate to serve as substitute site member to ensure attendance at all Multi-site IRB meetings. 7.Review resource requirements and develop plan/request for budget and staffing necessary.	1. Completed 2. Completed 3. Completed 4. Completed 5. Completed 6. Completed 7. Completed
VHA Strategies	**Action Plan**	**Accomplishments**
10. Promote excellence in the education of future health care.	▪ Increase applicants for Allied Health Professional i.e. Psychology Forward announcement of applications to all services involved. Send reminder regarding deadline date for applications. Services to complete request for applicants.	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Sponsor national speakers in offering to community Request additional support staff to coordinate National Speaker Program.	Not Complete
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Encourage participation in HCLI, ECF, etc.	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
11. Assure VHA's readiness to respond in case of local and national emergencies.	▪ Educate staff on D-Con	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
CONTINUED	▪ Enhance involvement with local community disaster drills	Completed
VHA Strategies	**Action Plan**	**Accomplishments**
12. Match VHA's human resources with current and future staffing needs.	▪ Fund upward mobility positions Position(s) will be identified by Service Chief and forwarded to RMC for consideration.	Not Complete
VHA Strategies	**Action Plan**	**Accomplishments**

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Increase resources for employee development including realigning staff for opportunities HR to provide education to employees throughout FY-05	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Expand position posting for upward mobility to include opportunities for lower grade employees HR will continue to suggest to Service Chief and RMC to target positions at lower grades until	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Target recruitment for under representation HR to receive listing from EEO Manager of outside diversity sources to advertise for qualified candidates.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Assure a bank of staff with knowledge, skills, and abilities for upcoming vacancies Provide guidance on educational opportunities to assist with developing knowledge, skills and abilities for anticipated upcoming vacancies.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Enhance mentoring/shadowing program	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	• Explore use of bridge programs in succession planning Depending on FY-05 budget, announce and Service Chief to select encumbered position prior to departure of current employee.	Not Complete

VHA Strategies	Action Plan	Accomplishments
13. Enhance the work environment to improve employee satisfaction.	• Follow up on employee satisfaction recommendations (for example flex place and flex time) 1.Group 1 Advocacy Committee will review and advise by 10/15/04 2.Group 2 Advocacy Committee will review and advise by 10/15/04	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Develop service-level education plans to include areas for outside activities and personal development 2.Services to develop service-level education plans to include areas for outside activities and personal development - submit to Staff Development. Staff Development to provide guidance on the development of Service level education plans.	1. Completed 2. Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Explore program officials to provide technical information i.e. communication, discipline, leave to Supervisors. Program officials to provide above educational content.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Increase awareness of sensitivity to employees Provide educational programs.	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Increase flexibility with employee scheduling and leave	Completed

VHA Strategies	Action Plan	Accomplishments
14. Raise awareness of VHA and services provided.	▪ Develop and implement a Medical Center Communication Plan	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Enhance patient education web page	Completed

VHA Strategies	Action Plan	Accomplishments
15. Increase Revenue and efficiency through sound business practices.	▪ Improve use of data validation Identify areas of High Priority for Data Management 1.Identify process/system changes needed to ensure more consistent data management 2.Identify education needs of data users 3.Utilize a more delineated data management control group modeled after the NDAIO 4.Areas ID for Improvment: 5.Improve the Utilization Management data through implementation of the contract for case managment. 6.Ensure more accurrate coding of billable and nonbillable encounters to receive a more accurate allocation from 7.VERA and through FACwork. 8.Track implementation of national encounter forms. 9.Ensure more timely completion of encounter forms. 10.Track implementation of national encounter forms. 11.Ensure more timely completion of encounter forms.	1. Completed 2. Completed 3. Completed 4. Completed 5. Completed 6. Completed 7. Completed 8. Completed 9. Completed 10.Completed 11.Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Physician time and attendance (perf measure) Continue monthly audits of the physical presence and electronic validation of part time physicians during scheduled hours	Completed

VHA Strategies	Action Plan	Accomplishments

VHA Strategies	Action Plan	Accomplishments
CONTINUED	1.Implement a pilot on conversations with physicians 2.Establish Steering Committee for ROI 3.Collect baseline Data 4.Design intervention 5.Select sites/services for intervention and set date for intervention. 6.Set timeframe for collection of outcome data. 7.Review analyze and publish Return on Investment Studies. Determine changes needed for improving intervention if necessary. 8.If indicated formalize the intervention and schedule to reach all clinicians including CBOCs.	1. Not Complete 2. Not Complete 3. Not Complete 4. Not Complete 5. Not Complete 6. Not Complete 7. Not Complete 8. Not Complete

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Use trial periods for equipment EM 138MM-02-95 will be revised to require mandatory evaluations for equipment with affect multiple and/or multidisciplinary people	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Invest in education to eliminate maintenance contracts. Identify educational opportunities and costs with cost savings for budget hearings	Completed

VHA Strategies	Action Plan	Accomplishments
CONTINUED	▪ Continue revenue cycle improvement initiatives	Completed

History of the
Wilkes-Barre VA Medical Center

Shortly after the end of World War II a decision was made to locate a VA Hospital in the Northeastern corner of Pennsylvania.

This decision was made partly due to the large numbers of Northeastern Pennsylvania Residents who had served in the military. Another consideration was the presence of a VA Regional Office located here and the availability of a large, well-trained work force.

The decision to finally locate the hospital in Wilkes-Barre was assured after a highly successful "grassroots" community effort to raise the money to purchase the land where the hospital is currently standing. The fund-raising was so successful that the remaining balance of that fund has now grown to a substantial trust fund administered by a Board of Trustees for the benefit of the veteran patients.

The hospital was dedicated in December 1950. It was originally built as a 500-bed general medical and surgical hospital with three floors dedicated to psychiatric patients. The regional office in downtown Wilkes-Barre housed an outpatient clinic and, consequently, no provision was made in the hospital infrastructure for an outpatient facility.

The regional office closed in 1965 and the Veterans Benefits functions were transferred to Philadelphia. The outpatient portion of the workload was transferred to the hospital in 1956. Since that time outpatient visits at the Medical Center in Wilkes-Barre and our Community Based Outpatient Clinics has grown from 25-30,000 visits per year to approximately 356,510 visits in FY 2005.

A nuclear medicine suite was added in the 1980s. Also, in 1982, a 120-bed Nursing Home Care Unit (NHCU) was built connected to the Medical Center. In the early '90s, another 60 beds were added to the NHCU. During this period the Medical Center was assigned responsibility for two

outpatient clinics--one in Allentown (Lehigh County), Pennsylvania, in 1979 and the other in Sayre (Bradford County), Pennsylvania, in 1983. In 1997, two additional VA-staffed clinics, which provide primary care services, were opened in Williamsport (Lycoming County) and in Tobyhanna (Monroe County). In 1998, a contract was established to provide primary care services in Schuylkill County and in 2001 a similar contract was established for Columbia County. In FY 2005, an outpatient clinic opened in Northampton County.

As the history of the Medical Center continues to unfold, emphasis will continue to be placed on our Mission: *To maintain and improve veterans' health and quality of life*. The Medical Center is looking towards being a provider of choice by delivering the best health care services.

Department of Veterans Affairs Medical Center
1111 East End Boulevard
Wilkes-Barre, PA 18711

Mission

Honor America's veterans by providing exceptional health care that improves their health and well-being

Vision

To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Values

Trust, Respect, Excellence, Compassion, Commitment

a. Trust. Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in health care.

b. Respect. Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to and concern for each person's individuality and importance.

c. Excellence. Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

d. Compassion. Compassion means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

e. Commitment. Commitment means meaningful engagement with coworkers, veterans, and families. It includes a promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

Organizational Profile

The Wilkes-Barre VA Medical Center

- **Is one facility among ten within the VA Stars & Stripes Healthcare Network**
- **Service area consists of 19 counties in Pennsylvania and one county in New York**
- **Has a veteran population of over 201,221 that covers over 13,300 square miles**
- **Maintains 91 active academic affiliations with colleges and universities**
- **Is a General Medical and Surgical facility consisting of 116 Operating Hospital Beds, 105 Nursing Home Beds, and 10 Substance Abuse Residential Rehabilitation Treatment program Beds**
- **Serves veterans throughout northeastern and central Pennsylvania and southern New York State**
- **Is affiliated with Drexel University College of Medicine, St. Luke's Hospital and Health Network (medical residency affiliation with Allentown Community Based Outpatient Clinic (CBOC)), Lake Erie College of Osteopathic Medicine and the Pennsylvania College of Optometry**
- **Special programs offered include: a Hemodialysis Unit, Cardiopulmonary Rehabilitation Program, Outpatient Post-Traumatic Stress Disorder Program, Mental Health Clinic, Polysomnography Laboratory, Short Procedure Unit, Same Day Surgery Program, Women's Health Program, 23-Hour Observation Beds, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), a contracted Halfway House, a CARF accredited Healthcare For Homeless Veterans Program, Visual Impairment Services and an American Diabetes Association National Standards for Diabetes Self Management Education Program**
- **The extended care program encompasses a Nursing Home Care Unit, a Geriatric Evaluation and Management Program, a CARF accredited Rehabilitation Unit, a Hospice Unit, and the following non-institutional care programs: Home Based Primary Care, VA Adult Day Health Care, Contract Adult Day Health Care, Contract Home Health Care, Homemaker/Home Health Aid, Outpatient Respite, Home Hospice and Care Coordination**
- **Diverse services include: Persian Gulf, HIV, Ex-POW, sexual abuse and behavior management modification**
- **There are Vet Centers located in Scranton and Williamsport**
- **Primary Care is also provided through the Medical Center's Community Outpatient Clinics located in Allentown, Columbia County, Northampton County, Sayre, Schuylkill County, Tobyhanna and Williamsport**
- **Patient Care delivery is enhanced by Telemedicine Services and Patient Driven Scheduling**
- **Acute Hospital Care, Long Term Care and Home Care Programs are accredited by the Joint Commission on Accreditation of Healthcare Organizations**

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Program Category	Program	AOPC Station 693	SOPC Station 693	TOBY Station 693	NORTHAMPTON Station 693	Williamsport Station 693	Schuykill Co. Station 693	Columbia Co. Station 693	WB Campus Station 693	WB All Sites Station 693
Ancillary Support	Chaplain	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Ancillary Support	Hoptel Beds	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Ancillary Support	Nutrition/Dietetics	O	O	AD	AD	O	AD	AD	O	O,AD
Ancillary Support	Readjustment Counsel.	O	AD	AD	AD	AD	AD	AD	O	O,AD
Ancillary Support	Social Work	O	O	AD	AD	O	AD	AD	O	O,AD
Ancillary Support										
Ancillary Support										
Audiology & Speech Pathology	Assistive Listening Devices	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Auditory Rehabilitation	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Audiology	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Augmentative and Alternative comm.	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Balance Assessment	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC,P	V,NC,P
Audiology & Speech Pathology	Cochlear Implant	V	V	V	V	V	V	V	V	V
Audiology & Speech Pathology	Cognitive Disorder Clinic	V	V	V	V	V	V	V	V	V
Audiology & Speech Pathology	Compensation and Pension Exams	O	AD	AD	AD	AD	AD	AD	O	O,V,AD
Audiology & Speech Pathology	Dysfluency Clinic	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Dysphagia Management Team	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Electrophysiology (ABR,MLR,OAE)	AD	AD	AD	AD	AD	AD	AD	O,V,NC	AD,O,V,NC
Audiology & Speech Pathology	Hearing Aid Clinic Devices	O	AD	AD	AD	AD	AD	AD	O,NC	O,NC,AD
Audiology & Speech Pathology	Hearing Conservation Program	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Instrumented swallowing exams	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Neurogenic speech/language	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Speech Lab	V	V	V	V	V	V	V	V	V
Audiology & Speech Pathology	Speech Pathology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Tinnitus Management	O	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Voice Disorder Clinic	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology	Voice Prostheses	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Audiology & Speech Pathology										
Audiology & Speech Pathology										
Audiology & Speech Pathology										
Blind Rehabilitation	Blind Rehab. Center * *refer patients to*	V	V	V	V	V	V	V	V	V
Blind Rehabilitation	Blind Rehab. Clinic **refer patients to*	V	V	V	V	V	V	V	V	V
Blind Rehabilitation	BROS* *Planned only*	X	X	X	X	X	X	X	X,P	X,P
Blind Rehabilitation	VIST* *one provider travels to 4 sites*	O	O	AD	AD	O	AD	AD	O	O,AD
Blind Rehabilitation	VICTORS *refer patients to VAMC in*	V	V	V	V	V	V	V	V	V
Blind Rehabilitation	VISOR * *available only at Lebanon*	V	V	V	V	V	V	V	V	V
Blind Rehabilitation										
Blind Rehabilitation										

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Dentistry	Dental Hygiene	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Endodontics	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Facility Dental Lab Service	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	General Dentistry	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Gerodontics	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Oral/Maxi Surgery	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Periodontics	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry	Prosthodontics	O	AD	AD	AD	AD	AD	AD	O	O,AD
Dentistry										
Dentistry										
Dentistry										
Diagnostic-Radiology	Angiography	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Contrast Procedures/Routine Xray	AD, O	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	CT Scan	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Diagnostic Imaging	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Diagnostic Neuro Radiology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Interventional	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Mammography	O	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	MRI	AD, SC	AD	AD	AD	AD	AD	AD	O,SC	O,SC,AD
Diagnostic-Radiology	PACS	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Radiology Service	O	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Teleradiology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology	Ultrasound	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Radiology										
Diagnostic-Radiology										
Diagnostic-Radiology										
Diagnostic-Laboratory & Pathology	Autospy Pathology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Blood Donor Collection and Component	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Processing	O	O	AD	AD	O	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Chemistry (Routine)	O	O	AD	AD	O	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Chemistry (Special)	AD, NC	AD	AD	AD	V,NC	AD	AD	O	O,V,NC,AD
Diagnostic-Laboratory & Pathology	Coagulation (Routine)	AD, NC	AD	AD	AD	V,NC	AD	AD	O	O,NC,V,AD
Diagnostic-Laboratory & Pathology	Coagulation Reference Lab	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Crystal Identification Ref. Lab	NC, AD	AD	AD	AD	AD	AD	AD	O	O,NC,AD
Diagnostic-Laboratory & Pathology	Cytogenetics	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Cytopathology	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Dermatopathology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Electron Microscopy	NC	V,NC	NC	NC	AD	NC	NC	NC	V,NC,AD

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Diagnostic-Laboratory & Pathology	Endocrine Reference Lab	V	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC
Diagnostic-Laboratory & Pathology	Flow Cytomery	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	GLC Mass Spectroscopy	NC, V	NC	NC	NC	NC	NC	NC	NC	V,NC
Diagnostic-Laboratory & Pathology	Hematology (Routine)	AD, NC	O	O	O	O	AD	AD	O	AD,O
Diagnostic-Laboratory & Pathology	Hemoglobinopathy Ref. Lab	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Immunofluorescence Microscopy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Immunohistochemistry	NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC
Diagnostic-Laboratory & Pathology	Infertility Testing (Semen Analysis and	NC	V,NC	NC	NC	V,NC	NC	NC	NC	V,NC
Diagnostic-Laboratory & Pathology	Microbiology (BSL3 or Higher)	AD	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC,AD
Diagnostic-Laboratory & Pathology	Microbioilogy (Routine BSL/1 or 2)	AD	V,AD	AD	AD	AD	AD	AD	O,V	O,V,AD
Diagnostic-Laboratory & Pathology	Microprobe Analysis	NC	V,AD	NC	NC	NC	NC	NC	NC	V,NC,AD
Diagnostic-Laboratory & Pathology	Molecular Pathology	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Muscle Biopsy Pathology	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Mycobacteriology (Routine)	AD	AD	AD	AD	V,AD	AD	AD	O	V,O,AD
Diagnostic-Laboratory & Pathology	Mycolobacteriology Ref. Lab	V	V	V	V	V	V	V	V	V
Diagnostic-Laboratory & Pathology	Mycology Ref. Lab	V	V	V	V	V	V	V	V	V
Diagnostic-Laboratory & Pathology	Mycology (Routine)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Neuropathology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Parasitology	V	V	V	V	V	V	V	V	V
Diagnostic-Laboratory & Pathology	Paternity Testing	NC	V,NC	NC	NC	V,NC	NC	NC	NC	V,NC
Diagnostic-Laboratory & Pathology	Serology (Autoimmune Disease)	NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC
Diagnostic-Laboratory & Pathology	Serology (Infectious Disease including	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC
Diagnostic-Laboratory & Pathology	Surgical pathology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Tissue Typing/Transplant Ref. Lab	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology	Toxicology Reference Lab	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Transfusion medicine	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Diagnostic-Laboratory & Pathology	Virology Reference Lab	NC	NC	NC	NC	NC	NC	NC	NC	NC
Diagnostic-Laboratory & Pathology										
Diagnostic-Laboratory & Pathology										
Diagnostic-Laboratory & Pathology										
Geriatric and Extended Care	Adult Day Health Care (contract)	NC	V,NC	NC	NC	V,NC	NC	NC	NC	V,NC
Geriatric and Extended Care	Adult Day Health Care (VA)#	NC	V,NC	NC	NC	V,NC	NC	NC	O	V,NC,O
Geriatric and Extended Care	Adult Day Health Care (State)	X	X	X	X	X	X	X	X	X
Geriatric and Extended Care	Alzheimers (Dementia) Tx	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Assisted Living Pilot	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Community Home Health	AD	AD	AD	AD	AD	AD	AD	O,NC	O,NC,AD
Geriatric and Extended Care	Community Nursing Home Care	AD	AD	AD	AD	AD	AD	AD	O,SC	O,SC,AD
Geriatric and Extended Care	Community Residential Care	SC	SC	SC	SC	SC	SC	SC	O,SC	O,SC

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			Station	Station	Station	Station	Station	Station	Station	Station	Station
Program Category	**Program**		**693**	**693**	**693**	**693**	**693**	**693**	**693**	**693**	**693**
Geriatric and Extended Care	Domiciliary (State)		NC	NC	NC	NC	NC	NC	NC	NC	NC
Geriatric and Extended Care	Domiciliary (VA)#		V	V	V	V	V	V	V	V	V
Geriatric and Extended Care	End of Life		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	GEM (Outpatient)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	GEM (Inpatient)		V	V	V	V	V	V	V	V	V
Geriatric and Extended Care	Geriatric Consultative Services		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Geriatric Primary Care		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	GRECC		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	HBPC#		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Homemaker/Home Health Aid Svcs		NC	NC	NC	NC	NC	NC	NC	NC	NC
Geriatric and Extended Care	Hospice (Inpatient)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Hospice (Outpatient)		NC	NC	NC	NC	NC	NC	NC	NC	NC
Geriatric and Extended Care	Respite Care		AD	AD	AD	AD	AD	AD	AD	O,NC	O,NC,AD
Geriatric and Extended Care	VA Nursing Home Care#		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Geriatric and Extended Care	Nursing Home Care (State)		NC	NC	NC	NC	NC	NC	NC	NC	NC
Geriatric and Extended Care											
Geriatric and Extended Care											
Geriatric and Extended Care											
Medicine	Acute Internal Medicine Beds		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Admitting/Screening		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Aids Clinic (Op)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Aids/HIV Center		V	V	V	V	V	V	V	O	V,O
Medicine	AIDS/HIV LTC		V	V	V	V	V	V	V	O	V,O
Medicine	Allergy Treatment		AD, O	O,AD	AD	AD	O,AD	AD	AD	O	O,AD
Medicine	Bone Marrow Trans.		V	V	V	V	V	V	V	V	V
Medicine	Brain Electrical Activity Mapping		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiac (non-invasive)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiac Catheterization		V	V	V	V	V	V	V	V	V
Medicine	Cardiac Holter		O	O	AD	AD	O	AD	AD	O	O,AD
Medicine	Cardiac intensive care		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiac telemetry		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiology Section		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiology (Consult/Init)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Cardiothoracic ICU		V	V	V	V	V	V	V	O	V,O
Medicine	Cardiov. Risk Factor		V	V	V	V	V	V	V	O	V,O
Medicine	Chronic Vent Unit		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Consult Svcs (Neuro)		AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Coronary Angioplasty		V	V	V	V	V	V	V	V	V

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Medicine	Coumadin Clinic	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Dementia	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Dermatology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Dialysis	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Echocardiology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Electrocardiography	O	O	O	O	O	O	O	O	O
Medicine	Electroencephalography	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Electrophysiology/Pacer	V	V	V	V	V	V	V	V	V
Medicine	EMG (Neuro)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Emergency Department	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Endocr. & Metabolism	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Endoscopy (Diag)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Evoked Potential Testing	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Gastroent - ERCP	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Gastroent - Lasers	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Gastroent - Proctology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Gastroenterology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Gulf War Clinic *Exams only, no clinic	O	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Hematology Section	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Immunology Section	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Infectious Disease	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Intermediate Medicine	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Laser Treatment	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Medical Inpatient ICU	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Metabolic Units	V	V	V	V	V	V	V	V	V
Medicine	Movement Disorders	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Multiple Sclerosis	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Nephrology Section	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Nerve Conduction Studies	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Neuro AIDS	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Neurology Service (consultation/liaison)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Neuromuscular Disease	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Onc. Cancer Treat. (Prim)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Onc. Cancer Treat. (Sec)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Onc. Cancer Treat (Tert)	V	V	V	V	V	V	V	V	V
Medicine	Pacemaker Implants	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Parkinson's Disease	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Pulmonary - scopes	AD	AD	AD	AD	AD	AD	AD	O	O,AD

WILKES-BARRE VAMC CLINICAL INVENTORY

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Medicine	Pulmonary Medicine	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Rheumatology Section	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Seizure Disorders	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine	Sleep Disorders Prog	AD	AD	AD	AD	AD	AD	AD	AD	O,AD
Medicine	Transesophageal Usound	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Medicine										
Medicine										
Medicine										
Primary Care	Preventive Care Program	O	O	O	O	O	O	O	O	O
Primary Care	Primary Prevention Prog (Immunz/screen)	O	O	O	O	O	O	O	O	O
Primary Care	Prevention Clinical Team	O	O	O	O	O	O	O	O	O
Primary Care	Weight Program	O	O	O	O	O	O	O	O	O
Primary Care	Comprehensive Tobacco Cessation Prog	AD	AD,O	AD,O	AD,O	AD,O	AD	AD	O	O,AD
Primary Care										
Primary Care										
Primary Care										
Primary Care	Telemedicine	O	O	O	O	O	O	O	O	O
Primary Care	Telephone Care/Triage	V,O	V,O	V,O	V,O	V,O	V,O	V,O	V,O	V,O
Primary Care	Therapeutic Pheresis	V	V	V	V	V	V	V	V	V
Women's Health Clinic	Gynecology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Women's Health Clinic	Obstetrics	AD, NC	AD, NC	AD, NC	AD, NC	AD, NC	AD, NC	AD, NC	O,NC	O,NC,AD
Women's Health Clinic										
Women's Health Clinic										
Women's Health Clinic										
Women's Health Clinic										
Women's Health Clinic										
Women's Health Clinic										
Mental Health Services	Behavioral Medicine (biofeedback)	O	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Case Management, Intensive (MHICM)*	O	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Case Management Standard	O	O	O	O	O	O	O	O	O
Mental Health Services	Community Residential Care (CRC)	NC	NC	NC	NC	NC	NC	NC	NC	NC
Mental Health Services	CWT Transitional Residence (CWT/TR)	SC	SC	SC	SC	SC	SC	SC	SC	SC
Mental Health Services	Day Hospital	NC	NC	NC	NC	NC	NC	NC	NC	NC
Mental Health Services	Day Treatment	NC	NC	NC	NC	NC	NC	NC	NC	NC
Mental Health Services	Electroconvulsive Therapy (ECT)	V	V	V	V	V	V	V	V	V
Mental Health Services	Family education/therapy	O	O	O	O	O	O	O	O	O

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Mental Health Services	General Mental Health Intermediate Beds	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Rehab (PRRTP and/or Domiciliary)*	V	V	V	V	V	V	V	V	V
Mental Health Services	HCHV Contract Residential Program*	NC	NC	NC	NC	NC	NC	NC	NC	NC
Mental Health Services	Homeless Domiciliary*	V	V	V	V	V	V	V	V	V
Mental Health Services	Homeless HUD/VASH*	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Homeless grant and per diem*	O	O	O	O	O	O	O	O	O
Mental Health Services	Homeless Outreach*	O	O	AD	AD	O	AD	AD	O	O,AD
Mental Health Services	Mental Health Clinic	O	O	O	O	O	O	O	O	O
Mental Health Services	Mental Health consultation-liaison	O	O	O	O	O	O	O	O	O
Mental Health Services	Mental Health Emergency	O	O	NC	NC	O	NC	NC	O	O,NC
Mental Health Services	Mental Health Intensive Care Unit (MHICU)	X	X	X	X	X	X	X	X	X
Mental Health Services	Mental Health Primary Care Clinic	O	O	O	O	O	O	O	O	O
Mental Health Services	(Psychology)	O,V	AD	AD	AD	AD	AD	AD	O,V	O,V,AD
Mental Health Services	Opioid Substitution	O	O	O	O	O	O	O	O	O
Mental Health Services	Psychogeriatric clinic	O	O	V	V	O	V	V	O	O,V
Mental Health Services	or NHCU subunit)	V	V	V	V	V	V	V	V	V
Mental Health Services	Psychiatry Individual/Group	O	O	O	O	O	O	O	O	O
Mental Health Services	Psychology Individual/Program	O	P	NC	NC	P	NC	NC	O	O,P,NC
Mental Health Services	Psychosocial Rehabilitation (outpt)	NC	NC	NC	NC	NC	NC	NC	NC	NC
Mental Health Services	PTSD-inpatient* (EBTPU; SIPU)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Clinical Teams*)	O	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	and/or Domiciliary*)	V	V	V	V	V	V	V	V	V
Mental Health Services	STAR (Sustained Treatment SMI*)	X	X	X	X	X	X	X	X	X
Mental Health Services	*specific clinic, provided in our Pulmonary Clinic.*	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	Trauma Recovery; Womens Stress Disorder Trtmnt Team)	V	V	V	V	V	V	V	V	V
Mental Health Services	Substance Use Disorders-Inpatient*	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Mental Health Services	OUtpatient*(including intensive outpatient)	O	O	O	O	O	O	O	O	O
Mental Health Services	Tele-mental Health	O	O	O	O	O	O	O	O	O
Mental Health Services	Rehabilitation Treatment Program	AD	AD	AD	AD	AD	AD	AD	O	O,AD

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Mental Health Services										
Mental Health Services										
Neurology	ADD	V	V	V	V	V	V	V	V	V
Neurology	ALS Center for Excellence	V	V	V	V	V	V	V	V	V
Neurology	Behavioral Neurology	V	V	V	V	V	V	V	V	O,V
Neurology	Brain Electrical Activity Mapping	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Neurology	Epilepsy Center	V	V	V	V	V	V	V	V	O,V
Neurology	Neuro Bed Svc	V	V	V	V	V	V	V	V	V
Neurology	Neurodegenerative Disorders	V	V	V	V	V	V	V	O	O,V
Neurology	Neuroimmunology	V	V	V	V	V	V	V	V	V
Neurology	PADRECC	V	V	V	V	V	V	V	V	V
Neurology	Stroke Center (Acute)	V	V	V	V	V	V	V	V	V
Neurology										
Neurology										
Neurology										
Nuclear Medicine	Bone Densitometry	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	Cyclotron	V	V	V	V	AD	V	V	V	V,AD
Nuclear Medicine	Nucleur Med (Diagnostic)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	Nucleur Med (scans)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	PET * *Coincidence Imaging*	AD	AD	AD	AD	AD	AD	AD	O	AD,O
Nuclear Medicine	Radiation Therapy/Linear Accel	V	V	V	V	V	V	V	V	V
Nuclear Medicine	Radioimmunoassay	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	Radionuclide Therapy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	Radiopharmacy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Nuclear Medicine	Telenucl Med Interpreter	X	X	X	X	X	X	X	X	X
Nuclear Medicine										
Nuclear Medicine										
Nuclear Medicine										
Pharmacy	Clinical Pharmacy Inpatient	X	X	X	X	X	X	X	O	O
Pharmacy	Clinical Pharmacy Outpatient	O	AD	AD	AD	AD	AD	AD	O	O,AD
Pharmacy										
Pharmacy										
Pharmacy										
Prosthetics*/Sensory Aids	ADD Restoration Lab	V	V	V	V	V	V	V	V	V
Prosthetics*/Sensory Aids	Amputee Clinic	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Prosthetics*/Sensory Aids	Auto. Fabrication & Restoration	NC	NC	NC	NC	NC	NC	NC	NC	NC
Prosthetics*/Sensory Aids	Home Respiratory Care	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Prosthetics*/Sensory Aids	Prosth/Ortho. Lab.	NC	NC	NC	NC	NC	NC	NC	NC	NC

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Prosthetics*/Sensory Aids	Wheelchair Clinic	O	AD	AD	AD	AD	AD	AD	O	O,AD
Prosthetics*/Sensory Aids										
Prosthetics*/Sensory Aids										
Prosthetics*/Sensory Aids										
Rehabilitation	Biofeedback (Rehab.)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Brain Injury Rehab*	V	V	V	V	V	V	V	V	V
Rehabilitation	Cardiac Rehab. Prog.	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Chiropractic Medicine	NC	NC	NC	NC	NC	NC	NC	NC	NC
Rehabilitation	Chronic Pain Program	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Compensated Work Therapy	O	O	O	O	O	O	O	O	O
Rehabilitation	Drivers Training Rehab	NC	NC	NC	NC	NC	NC	NC	NC	NC
Rehabilitation	Electromyography/nerve conduction	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Gait Analysis	O	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Incentive Therapy	X	X	X	X	X	X	X	X	X
Rehabilitation	Kinesiotherapy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Occupational Therapy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Physiatry	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Physical Rehabilitation (Inpatient) CIIRP	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Physical Rehabilitation (Outpatient)	O	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Physical Therapy	O	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Preservation/Amputation Care & Trtmnt	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Recreation Therapy	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Stroke Rehab.	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Rehabilitation	Therapeutic Swimming Pool	NC	NC	NC	NC	NC	NC	NC	NC	NC
Rehabilitation	Work Evaluation	AD	AD	AD	AD	AD	AD	AD	O	O
Rehabilitation	Vocational Rehabilitation Therapy	X	X	X	X	X	X	X	X	X
Rehabilitation										
Rehabilitation										
Rehabilitation										
Surgery	AICD	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Anesthesia-Pain Control	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Anesthesia (General)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Anesthesiology-MD on Staff	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Anesthesiology-CRNA only	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Cardiac Surgery	V	V	V	V	V	V	V	O	O,V
Surgery	Endoscopy (Broncho)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Heart Transplant	V	V	V	V	V	V	V	V	V
Surgery	Hyperbaric	NC	NC	NC	NC	NC	NC	NC	NC	NC

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Surgery	Intensive Care (Sur)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Kidney Transplant	V	V	V	V	V	V	V	V	V
Surgery	Laparoscopic Surgery	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Liver Transplant	V	V	V	V	V	V	V	V	V
Surgery	Neodyn. laser	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Neurosurgery	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Ophthalmology	O	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Optometry	O	O	AD	AD	AD	AD	AD	O	O,AD
Surgery	Region Eye Centers	V,NC	V	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC	V,NC
Surgery	Otolaryngology	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Peripheral vasc. Lab	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Podiatry	O	O	AD	AD	AD	AD	AD	O	O,AD
Surgery	Shock Wave	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Ambulatory)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (General)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Hand)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Othopedic)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Plastic)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Thoracic)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Urology)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (Vascular)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	Surgery (GYN)	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery	23 hour stay beds	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Surgery										
Surgery										
Surgery										
Spinal Cord Injury	SCI Center *	V	V	V	V	V	V	V	V	V
Spinal Cord Injury	SCI Primary Care Team*	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Spinal Cord Injury	SCI Support clinic*	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Spinal Cord Injury										
Spinal Cord Injury										
Spinal Cord Injury										
Other	Fitness Center	X	X	X	X	X	X	X	O	O
Other	Free standing outpatient care center	AD	AD	AD	AD	AD	AD	AD	O	O,AD
Other	Trauma Center	NC	NC	NC	NC	NC	NC	NC	NC	NC
Other	Urgent Care	O	O	AD	AD	AD	AD	AD	O	O,AD
Other	Urgent Care	O	O	AD	AD	AD	AD	AD	O	O,AD
Emergency Preparedness Site	Decontamination	X	X	X	X	X	X	X	O	O

Strengths, **W**eaknesses, **O**pportunities, **T**hreats

Strengths

- ❖ Balance Scorecard
- ❖ Large patient base
- ❖ Technology: Telemedicine, Teleradiology, Electronic Medical Record; BCMA, Webpage; Electronic Employee Education
- ❖ Part of large national healthcare system
- ❖ Experienced/dedicated workforce
- ❖ Continuum of care
- ❖ Broad spectrum of services
- ❖ Unique Special Emphasis Program
- ❖ Newly renovated clinical areas
- ❖ Partnership with union
- ❖ VA mission: Patient Care, Education, Homeless
- ❖ Education and training of employees
- ❖ Strong clinical data collection
- ❖ Well established volunteer program
- ❖ Academic Affiliations
- ❖ CBOCs
- ❖ Congressional support
- ❖ Residency program
- ❖ VSO's relationship
- ❖ Full time Physician-based staff
- ❖ Respect from community
- ❖ Highly educated staff
- ❖ Consolidated purchasing system
- ❖ Facility Expansion
- ❖ Community Outreach
- ❖ Leader in HealthCare delivery
- ❖ High Value Healthcare
- ❖ Contracting/Purchasing successes
- ❖ Ethical Standards
- ❖ Outstanding patient safety
- ❖ Leadership development & education
- ❖ Minimal invasive surgery

Strengths, Weaknesses, Opportunities, Threats (Continued)

Weaknesses

- ❖ Communication
- ❖ Customer service
- ❖ Waiting time for service
- ❖ Employee satisfaction
- ❖ Patient transportation
- ❖ Patient Waiting Room Time
- ❖ Resource Allocation
- ❖ External customer satisfaction (patients and other customers)
- ❖ Lack of team concept in outpatients
- ❖ Telephone utilization
- ❖ Succession planning
- ❖ Lack of depth in certain positions
- ❖ Insufficient team concept
- ❖ Patient Scheduling
- ❖ Lack of specialties at clinics
- ❖ Employee diversity
- ❖ Difficulty in recruiting scarce specialists.
- ❖ Too many start-ups, without completion
- ❖ Aligning resources w/organizational training needs
- ❖ Research Opportunities
- ❖ Fragmented care

Strengths, **W**eaknesses, **O**pportunities, **T**hreats **(Continued)**

Opportunities

- ❖ Expand access/CBOC proposals
- ❖ Increase demand for Specialty Care
- ❖ Increase third party collections
- ❖ Financial problems of external organizations affecting VA
- ❖ Inpatient care workload
- ❖ Coordination of Care
- ❖ Lack of affordable health insurance
- ❖ Malpractice crisis
- ❖ Enhance Public Images
- ❖ Improving training techniques
- ❖ Benchmarking
- ❖ Aging Veteran population
- ❖ Increase efficient use of personnel
- ❖ Partnership with DoD/community
- ❖ Reengineer processes
- ❖ Utilize Data Collection
- ❖ Customer Service
- ❖ Research
- ❖ Potential academic affiliates & specialists
- ❖ Meeting OIF/OEF needs

Strengths, Weaknesses, Opportunities, Threats (Continued)

Threats

- ❖ Workforce (aging & shrinking) increased eligible retirement workforce
- ❖ Aging Veteran Population
- ❖ Public image
- ❖ Future eligibility restrictions
- ❖ Replacement of aging equipment
- ❖ Under Utilization of inpatient services
- ❖ Competition for resources (staff) with other organizations
- ❖ External reviews
- ❖ Liability of suits (EEO, Malpractice, etc.)
- ❖ Limited Specialized Services at CBOC
- ❖ Unfunded mandates
- ❖ Uncertain budget (Year-to-Year)
- ❖ Long term capital asset funding
- ❖ Budget
- ❖ Impact of Medicare Reasonable Allowance (MRA) & Consolidated Patient Accounts Center (CPAC)

Budget Assumptions
FY 06

1. Operate a budget level that is _% less than operating funds utilized for FY05. An equated reduction of __ million dollars.

2. Quality and outcomes of patient care will not be adversely impacted by the FY06 assumptions.

3. Utilize the "Proposals for Efficiencies Performance Measure for FY06" from the Deputy Under Secretary for Health for Operations and Management (Letter dated April 20, 2005)

4. Enhance VERA revenue streams to maximize revenues.

5. Meet VISN MCCF collection goals.

6. Reduce the backlog and days in Accounts Receivables to meet the established performance goals.

7. Increase alternative source of revenues by __%.

8. Align number of uniques served with available resources. –Zero growth.

9. Achieve an FTEE cumulative level of ___ (or below) as of 9/30/06; a reduction of __ FTEE cumulative.

10. Monitor Pharmacy strategies in order to maintain expenditure at or below an __% increase; an additional __% less than FY05 growth (_____)

11. Each service Chief will limit FY 06 Control Point expenditures to the FY 03 level (excluding pharmacy). (A reduction of $ ___ from FY05 level)

12. Examine opportunities to close CBOCs

13. Establish a UR program in the Laboratory and Imaging Services to reduce all other costs.

14. Make/buy decisions regarding VA staff versus non VA staff workload.

15. Minimum of __veterans will be a Fee medical; no veterans on fee dental.

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
Strategy 1. Continuously improve the quality and safety of health care for veterans, particularly in those health issues associated with military service.											
Coordination of the care provided to the OIF/OEF returning combat veterans:											
1. Hire an OIF/OEF Coordinator to develop a comprehensive plan to address healthcare/ eligibility/screening needs of OIF/OEF.											
Enhance the care coordination of patient care:											
2. Address dual care issues											
3. Develop process for expeditious intake of patients into the system											
4. Request Primary Care Team integrates into the restructuring plan for Primary Care											
5. Develop process to track and address non VA medications											
6a. Develop a consistent intake process involving: Mental Health											
6b. Develop a consistent intake process involving: Primary Care											
Educate staff to manage difficult patients:											
7. Formulate an educational plan to assist staff											
8. Monitor as part of staff competency assessment											
Address medication assessment to ensure the patients have the right level of medications, at the right time:											
9. Formulate a plan that monitors patients upon entering and leaving the system											
10. Develop a process that ensures medication profiles are reviewed at certain levels of care											
Ensure accurate documentation:											
11. Educate staff on need to accurately read and enter all pertinent documentation											
12. Eliminate the practice of "cut and paste"											
Coordinate communication to alert PCP of change in patient status:											
13. Develop "Alert" for PCP when changes occur - for example, when patient has cardiac problems on the weekend											
14. Develop better communication between providers											
Ensure proper identification of patients for services:											
15. Create ID bracelets of all patients coming in for services when they check in regardless of service requested											
16. Ensure all veterans must have VA VIC card at time of service											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
Performance Measure 7. (Link to Strategic Plan 1)											
Functional Status: Rehabilitation- % New amputee, Stroke or traumatic brain injury with initial Functional Independence Measure (FIM) assessment and entered into FSOD will increase											
Performance Measure 10. (Link to Strategic Plan 1) - MT - Quadrant II or IV / EX - Quadrant I											
10a. Domain of Quality - Clinical Interventions: Cancer - % of patients receiving screening for: Breast Cancer											
10b. Domain of Quality - Clinical Interventions: Cancer Screening - Cervical											
10c. Domain of Quality - Clinical Interventions: Cancer Screening - Colonrectal (52-80)											
Performance Measure 11. (Link to Strategic Plan 1)											
11a1. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt ECG Timely											
11a2. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt Reperfusion as appropriate STEMI											
11a3. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt Reperfusion PCI in 120 min STEMI											
11a4. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt Reperfusion Thrombolytic Rx in 30 min STEMI											
11a5. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt High/Moderate with Cardiology involvement in 24 hours of acute arrival											
11a6. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt risk High/Moderate with diagnostic catheterization prior to discharge.											
11a7. Cardiovascular - % of patients with: Acute Coronary Syndrome - Inpt Risk High/Moderate within 60 minutes of order time.											
11b1. Heart Failure - Inpatients with: HF - ACE/ARB prior to inpat admission, EF<40											
11b2. Heart Failure - Inpatients with: Discharge instr for diet/wt/meds											
11b3. Heart Failure Inpatients with: Weight instruction prior to admission											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
11c1. Hypertension % of Nexus cohort pts with diagnosis of HTN and most recent B/P: > or = to 140/90											
11c2. Hypertension % of Nexus cohort pts with diagnosis of HTN and most recent B/P: > or = to 160/100 or not recorded (lower is better)											
11d1. Ischemic Heart Disease: % Priot AMI pts AND IHD AMI - Oupt LDL-C <100 on most recent test and having a full lipid profile in past 2 years											
11d2. Ischemic Heart Disease: % Priot AMI pts AND IHD AMI - Oupt LDL-C>or = (poor control; lower is better)											
Performance Measure 12. (Link to Strategic Plan 1)											
12a. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: BP less than or equal to 140/90 (Nexus Clinics)											
12b. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: BP less than or equal to 140/90 (SCI&D Cohorts)											
12c. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: BP less than or equal to 160/100 (lower is better) Nexus clinics											
12d. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: BP less than or equal to 160/100 (lower is better) SCI&D Cohorts											
12e. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: Glycemic control - HBA1c>9 or not done (lower is better) Nexus clinics											
12f. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: Glycemic control - HBA1c>9 or not done (lower is better) SCI&D Cohorts											
12g. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: Outpt LDL-C<120 (Good Control) Nexus Clinics											
12h. Endocrinology: % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: DM: Outpt LDL-C<120 (Good Control) SCI&D Cohorts											
Performance Measure 13. (Link to Strategic Plan 1) T Quadrant II or IV / EX - Quadrant 1											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
13b1. Immunizations: % pts with Influenza in the Nexus clinics											
13b2. Immunizations: % pts with Influenza in the SCI & D Cohorts											
13b3. Immunizations: % pts with Pneumococcal in the SCI & D Cohorts											
Performance Measure 14. (Link to Strategic Plan 1) MT Quadrant II of IV / EX - Quadrant 1											
14a. Intensive Care: Central Line Infections											
14b. Intensive Care: Ventilator Related Measures											
Performance Measure 15. (Link to Strategic Plan 1) MT Quadrant II or IV / EX - Quadrant I											
15a1. Substance Use Disorder - Continuity of Care: % of pts with new episode substance abuse with continuous treatmetn for 90 days											
Performance Measure 16. (Link to Strategic Plan 1) MT Quadrant II or IV / EX - Quadrant I											
16a. Nursing Home Care Unit (lower score is better) % of pateints with little or no activity											
16b. Nursing Home Care Unit (lower score is better) % of pateint with incontinence without a toileting plan											
Performance Measure 19. (Link to Strategic Plan 1)											
Patient Safety: Radiology Report Verification of Reports in 2 days											
Monitor: Domain Quality (Linked to Strategic Plan 1)											
1a. Self Assessment & improvement of High Risk Areas: 1st quarter: Controlled Substance Management											
1b. Self Assessment & improvement of High Risk Areas: 2nd Quarter: Management of Medical Contracts											
1c. Self Assessment & improvement of High Risk Areas: 3rd quarter: Credentialing & Background Checks for clinical Support											
1d. Self Assessment & improvement of High Risk Areas: 4th Quarter: Part-Time Physician Time & Attendance											
2. Percent of unique pharmacy users with populated allergy											
3. electronic Support for Patinet Decisions (iMedConsent)											
4. Nursing Home Quality Indicator (QI) 36 Use of Nine or More Medications.											
Strategy 2. Provide timely and appropriate access to health care by implementing best practices.											
Focus will initially be on Primary Care:											
1. Evaluate the present clinic team structure and make recommendations for improvements, if indicated.											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
2. Implement clinic team structure changes, if recommended.											
3. Evaluate the need for additional nurse practitioners/physicians assistants to create capacity for new and established patients.											
4. Seek approvals to hire, if the need is identified for additional nurse practitioners/physicians assistants.											
5. Assess space issues.											
6. Manage provider panel sizes.											
7. Utilize specialists appropriately by complying with service agreements.											
8. Monitor contracted services to ensure workload is captured through Fee Basis.											
9. Identify best practices for Advanced Clinic Access within Primary Care. Begin implementation in those clinics not meeting successful targets.											
10. Conduct a needs assessment to determine type and volume of specialty demand at the CBOCs: a. Assess availability of specialty units at WB. b. Identify what services can travel to CBOCs and how often. c. Identify what services only at WB and assist with patient travel.											
11. Improve communication between PCP and specialty care by view alerts, co-signatures and discussion planning.											
12. Develop a plan to assist the organization in meeting it's challenges to provide multiple levels through AGGRESSIVE utilization Management for all Bed Units in the Medical Center and on Long Term Care.											
13. Include the staff of Rehabilitation in the receipt and review of referrals to the Rehab Unit.											
14. Utilize the Supporting Indicator for FSOD/Rehab Performance Measure as a means to measure success in ensuring those patients identified as potential beneficiaries for rehab/receive rehab care.											
15. Review current bed policy to ensure it addresses swing beds.											
Expand the Telehomehealth Program:											
16. Meet the established ADC of 75 by end of FY06.											
17. Expand the coverage area to the service area.											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
18. Ensure all staff receive education related to Care Coordination.											
Performance Measure 1. (Link to Strategic Plan 2)											
1a. Mental Health Patients Access: CBOC - % MH Speciality access											
1b. Mental Health Patients Access: Homeless Contact access to MH/SUD											
1c. Mental Health Patients Access: Homeless Program access to MH/SUD											
1d. Mental Health Patients Access: Homeless Program access to Eval & Mgmt.											
1e. Mental Health Patients Access: Homeless Program follow up in MH/SUD											
Performance Measure 2. (Link to Strategic Plan 2)											
2a. Mental Health Intensive Case Management (MHICM): Capacity											
Performance Measure 3. (Link to Strategic Plan 2)											
3a1.New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Audiology (NP)											
3a2. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Cardiac (NP)											
3a3. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Eye Clinic (NP)											
3a4. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Gastroenterology (NP)											
3a5. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Mental Health Individual (NP)											
3a6. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Orthopedics (NP)											
3a7. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Primary Care (NP)											
3a8. New Patients Clinic Wait Times - % of New Patients seen by an acceptable provider within 30 days: Urology (NP)											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
3b1. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Audiology											
3b2. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Cardiac											
3b3. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Eye Care											
3b4. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Gastroenterology											
3b5. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Mental Health Individual											
3b6. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Orthopedics											
3b7. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Primary Care											
3b8. Established Patients (Est Pt) Calculated: % scheduled within 30 days of desired date: Urology											
Performance Measure 4. (Linked to Strategic Plan 2)											
Waiting Times - Provider											
Performance Measure 8. (Linked to Strategic Plan 2)											
Non-institutionalized Care ADC											
Performance Measure 12. (Linked to Strategic Plan 2) MT - Quadrant II or IV / EX - Quadrant I											
12i. % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: Retinal examination, timely by disease (Nexus)											
12j. % of pts with Diabetes in the Nexus clinics and SCI&D Cohorts and: Retinal examination, timely by disease (SCI&D Cohorts)											
Performance Measure 13. (Linked to Strategic Plan 2) MT - Quadrant II or IV / EX - Quadrant I											
13a1. Infectious: Pneumonia: % admissions AND blood cultures collected before first antibiotic dose.											
13a2. Infectious: Pneumonia: % admissions AND Influenza immunization - during the previous flu season & prior to admission.											
13a3. Infectious: Pneumonia: % admissions AND PN - Antibiotic first dose within 4 hours of arrival											
Performance Measure 20. (Linked to Strategic Plan 2)											
20a. Surgical Site Infection - Antibiotic Prophylaxis: % of cases the drug began timely.											
20b. Surgical Site Infection - Antibiotic Prophylaxis: % of case the drug was discontinued timely.											
Monitors: Domain: Access (Linked to Strategic Plan 2)											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
1a. Primary Care Panel Management: Average Oberserved Panel Size / Maximum Expected Panel Size (Primary Care capacity)											
1b. Primary Care Panel Management: Average adjusted maximum expected panel size											
2a. Wait Times - New patient wait time using the appointment creation date.											
2b. Wait Time for established pateints using desired appointment date.											
3a. ACA Strategic Plan Monitors: Evidence operational steering committee or similar structure in each VISN / VAMC.											
3b. ACA Strategic Plan Monitors: Identify in each VISN: Sponsor for ACA, clinical champion for each of 8 performance clinics.											
3c. ACA Strategic Plan Monitors: Hold at least one VISN-wide sustained learning opportunity.											
3d. ACA Strategic Plan Monitors: Verify & report action taken at each medical center to incorporate assessmetn of ACA implementation in Medical Resource Board decision-making processes.											
3e. ACA Strategic Plan Monitors: By the end of 1st qtr 2006, provide action plan for evaluation at least 2 processes by flow mapping the process.											
3f. ACA Strategic Plan Monitors: Analysis of the hiring process using detailed flow chart for hiring a physician.											
3g. ACA Strategic Plan Monitors: analysis of the hiring process using a detailed flow chart for a GS5 target GS6 Program Assistant											
3h. ACA Strategic Plan Monitors: By the end of the 4th qtr 2006, provide report on actions taken to improve processes (3a)											
3i. ACA Strategic Plan Monitors: By the end of 4th qtr 2006, provide report on actions taken to improve processes (3b, 3c)											
4a. Access to Care in CBOCs: Identify & report any CBOCs that are not taking ANY new patients. If closed, report the average panel size at the CBOC & the number of new patients											
5. Care Coordination											
Strategy 3 - Continuously improve veteran & family satisfaction with VA care by promoting & excellent customer service.											
"Patient Survey" Plan for Inpatients:											
1. Identify Survey Tool											
2. Perform Survey & Gather Data											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
3. Review Data Monthly with Service Areas											
Veterans Calendar of Hospital Events Plan:											
4. Create calendar quarterly											
5. Mailing will be coordinated with sending of appointment letters.											
6. Extra copies will be made to be distributed in high traffic areas for patient convenience.											
7. Distribute copies of calendar of hospital events throughout medical center.											
8. Implement the "Hi. How are you?" campaign.											
Implement an "Adopt-A-Pal":											
9. Write impact statement to involve union in discussion about volunteer recruitment effort											
10. Recruit staff as volunteers to escort patients to & from events within Medical Center.											
11. Coordinate with Recreation Therapy activities of high priority.											
Affirming the Commitment to Veterans Program:											
12. Active reservists support to veterans groups.											
13. Purchase self care books for all veterans served to promote their good health.											
14. Implement "Affirm the Commitment" Program.											
Patient education presentations:											
15. Expand V-Tel to include CBOCs											
16. Schedule topics & presentations.											
17. List on quarterly veterans event calendar											
Performance Measure 3 (Linked to Strategic Plan 3)											
3a9. Waiting Times - Clinic: New patients - Perception: Primary Care % seen when desired (SHEP - New Pt): Primary Care											
3b9. Waiting Times - Clinic: Established Patients - Perception: Primary Care % seen when desired (SHEP - New Pt): Primary Care											
Performance Measure 21 (Linked to Strategic Plan 3)											
21a. Patient Satisfaction (SHEP): Ambulatory Care											
21b. Patient Satisfaction (SHEP): Inpatient											
Monitor: Domain: Special Emphasis (Linked to Strategic Plan 3)											
Continue to implement the process begun in Q2 FY2005 that focuses on the pateint satisfaction deminsion in the inpateint setting.											
Strategy 4 - Promote diversity, excellence, & satisfaction in the workforce & to foster a culture which encourages innovation.											
Identify under-represented areas within WBVAMC with regard to diversity:											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
1. Develop departmental listing of current diversity breakdown of departments.											
2. Distribute department listing of current diversity breakdown of departments.											
Identify & utilize various hiring tools available to achieve diverse workforce:											
3. Develop affiliations with local colleges and universities within the community											
4. Utilize People with Disabilities Program when recruiting.											
5. Utilize the Federal Equal Opportunity Recruitment Program (FEORP) when recruiting.											
6. Utilize the EEO-Program Report Status report in an effort to achieve a diverse workforce.											
7. Utilize other special/excepted non-competitive appointing authorities to affect recruitment.											
8. Recruit VA Wide. Encourage VA transfers.											
9. Develop Inter-agency Transfers											
10. Utilize Public Announcement and Media Attention											
Develop EEO incentive award/recognition award program for the medical center:											
11. Develop local EEO/Diversity awards for the medical center.											
Develop Partnerships within Community:											
12. Conduct discussions with Geisinger for hard to fill Medical Services.											
13. Develop umbrella contract for hard to fill Medical Services with Geisinger.											
14. Participate with NEPA workshops with Small Businesses.											
Improve Employee Satisfaction:											
15. Develop educational programs for all employees to improve communication. Include areas such as active listing, improvement and personal communications and time management.											
Performance Measure 22 (Linked to Strategic Plan 4)											
22a. Work Force Planning: Strategic Workforce Planning											
22b. Work Force Planning: Leadership & Employee Development											
22c. Work Force Planning: Diversity Management											
22d. Work Force Planning: Employee Satisfaction											
22e. Work Force Planning: Diversity & EEO Management											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
Strategy 5 - Promote excellence in business practices through administrative, financial & clinical efficiencies.											
1. Implement process for not canceling prescriptions upon admission											
2. More actively involve outpatient clinicians in managing patients meds - educating patients.											
3. Properly match disease states & med use - proper coding - use of CNT software											
4. Identify high cost drugs and make not renewable (30 day supply only)											
5. Evaluate the housekeeping services provided in non-patient areas (reduce services)											
6. Evaluate patient scheduling - Consolidate trips to other VAs, check with other VAs.											
7. Evaluate transport needs to other VAMCs											
Effective Energy Program:											
8. Better define energy Management Team											
9. Increase Public Awareness											
10. Install motion detectors											
Reduce Fee Basis Costs:											
11. Fully implement non-VA referral/consult											
12. Communicate with community provider pre-authorization requirements.											
13. Evaluate CNH patients for VA provided services											
14a. Reduce Fee Basis (long-term) to 50 patients: Develop tracking mechanism to evaluate cost of all services provided by Fee Basis or Fee Physician.											
14b. Reduce Fee Basis (long-term) to 50 patients: Analyze data to determine best buy.											
15. Reduce Fee Dental Cost to 0											
16. Reduce Ambulance costs: Evaluate usage and criteria for usage/payment											
17. Reduce Taxi Costs: Evaluate usage by department, reason & time of day											
18. Explore staff vehicle usage GOV vs. POV											
19. Provide information on damage expenses											
Administrative, Financial, & Clinical Efficiencies:											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
20. Implement 30 day supply on any new RX's to avoid waste											
21. Provide training/in-service to physicians to prevent med. Stock piling											
22. Educate physicians on VERA											
23. Develop a budget for each service to include salaries and operational funds.											
Performance Measure 3 (Linked to Strategic Plan 5)											
3c. Missed Opportunities - No Show and clinic cancellations.											
3d. Consult Completion Timeliness											
Performance Measure 5 (Linked to Strategic Plan 5)											
Financial Index (21 indicators)											
Performance Measure 6 (Linked to Stragetic Plan 5)											
Revenue - Collection - % meeting target											
Performance Measure 18 (Linked to Strategic Plan 5)											
Quality of Compensation and Pension Examination Report											
Monitors: Domain: Cost (Linked to Strategic Plan 5)											
1. Prosthetic Contract Compliance											
2. Dollar total Amount of sharing Agreements with DOD to Total $143,242,680 million											
3a. Logistics Office: Contract Hierarchy											
3b. Logistice Office: Inventory Management											
3c. Logistics Office: Equipment Inventory Listing											
3d. Logistics Office: Socioeconomic Goals											
4. Average outpatinet prescription cost per unique pharmacy user, non-cumulative by quarter, cumulative by year.											
5. Percent adherence to selected preferred drugs.											
6. Ration of constructin funds obligated to construction funds planned.											
Strategy 6 - Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans.											
Develop a Business Plan for research for concurrence by Quadrad:											
1. Develop org. & functional charts											
2. Meet with Don Foote to set up control points, etc.											
3. Develop Research SWOT											
4. Identify personnel to support Research Office functions for: - Research Coordinator - Program Support Clerk - Research Compliance Officer - Research Integrity Officer											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
5. Develop Wilkes-Barre PDs											
6. Submit position request to RMC											
7a. Identify secure office space to house the file and document storage as well as Research Office Staff. Actions to include: - Develop and submit space request to space committee - Purchase/install key card access or similar system - Identify furniture - file cabinets, etc - Identify any space modifications (such as power/network/phone jacks) - Identify PC/office equipment such as copier/fax/printers/ phones network equipment. - General office supplies such as files, papers, etc.											
7b. Identify secure office space to house the file and document storage as well as Research Office Staff. Actions to include: - Develop and submit space request to space committee - Purchase/install key card access or similar system - Identify furniture - file cabinets, etc. - Identify any space modifications (such as power/ network/ phone jacks) - Identify PC/office equipment such as copier/fas/ printers/phones network equipment. - General office supplies such as files, papers, etc.											
8. Publish policies and procedures for research operations at Wilkes-Barre VA											
Form teams and committees to facilitate research operations and oversight:											
10. Organize a research implementation team (ensure Nursing is represented in membership)											
11. Organize a R&D committee as required in VA Manual M-3, Part 1, Chapter 3 or in subsequent handbooks.											
12. Organize a Biosafety Committee as required in VA Manual M-3, Part 1, Chapter 3 or in subsequent handbooks											
13. Organize a Steering Committee for research and HRPP (Human Research Protection Program)											
14. Identify participants to the VISN 4 IRB											
15. Structure the HRPP at Wilkes-Barre after training in Milwaukee											
Coordination with VISN IRB:											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
16. Review and obtain Medical Center Director's signature on Federal Wide Assurance (FWA)											
17. Establish MOU with VISN 4 IRB											
18. Establish SOP for coordinating with VISN IRB staff											
19. Organize process for auditing and reporting compliance activities.											
Ensure education of members of the research staff related committees:											
20. Ensure completion of mandatory training for Medical Center Director, Chief of Staff, Associate Chief of Staff, committee members and research staff: **Assurance Training Module**: http://ohrp-ed.od.nib.gov/CBTs/Assurance/login.asp **Overview of Good Clinical Practice & Human Subjects Protection:** http://vaww1.va.gov/RESEDEV/programs/pride/training/gcp-hsp.cfm *Note:* there are separate directions for VA employees and Non-VA employees. **VHA Privacy Policy (HIPAA)**: http://www.vhaprivacytraining.net/frame.htm											
21. Review training opportunities offered by VA Compliance Officer training, ERIC and investigator training.											
Ensure education of VAMC employees about the research program and associated rights and responsibilities:											
22. Set up Research Kickoff Day and annual research day with displays and invited speakers (include posters, possible poster contest, which highlight great research in VA system, self study). Establish Web page on Intranet to inform and educate employees.											
Ensure education of veterans at Wilkes-Barre VA about the planned research activities:											
23. Coordinate with Voluntary Service regarding setting up programs with VSOs etc.											
24. Publish news articles in veteran publications.											
25. Develop Internet Web page to inform and educate veterans about research at the Wilkes-Barre VA.											
26. Coordinate with Staff Development to obtain and develop educational brochures (COACH, NIH)											
Create a non profit foundation:											
27. Review VA Handbook 1200.17 NPF web site www.navref.org for procedures.											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
28. Contact Barbara West, bwest@navref.org, executive director NAVREF for advice on application											
29. Contact Regional Counsel											
30. Contact PA Non Profit											
31. Establish standard reporting tools											
32. Explore partnerships with both intramural and extramural research organizations											
Strategy 7 - Promote excellence in the education of future health care professionals & to enhance VHA partnership with affiliates.											
1. Collaborate with local colleges & universities to increase student affiliations, especially nursing.											
2. Continue HACU & HBCU Programs											
3. Review & update orientation materials for trainees.											
4. Update the Succession Plan to include supervisor's identification of staff with interest & potential for growth.											
Enhance succession planning:											
5. Identify positions for succession planning within each service.											
6. Identify critical positions, hard to fill positions, contingency plan for interim vacancies.											
7. Announce & encourage participation in the network LEAD Program											
8. Provide recognition to staff who participate in affiliation programs.											
9. Recognize staff who serve as mentors in the facility Mentoring Program											
10. Encourage VA employees to pursue adjunct teaching positions at local colleges & universities by implementing an incentive program.											
11. Develop a brochure to be used to explain/inform students of VA benefits/advantages of employment through academics/work experience.											
12. Speak at high schools regarding career opportunities with the Federal Government.											
13. Explore the possibility of extending employment period for JOB Corps trainees.											
14. Explore the possibility of the initiation of an apprenticeship program for selected positions such as Building Trades, Nursing Assistants, Warehouse.											
Enhance Mentoring Program:											
15. Recognize staff willing to serve as mentors											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
16. Consider assigning mentees to different parts of the medical center, thus cross-training would be activated (example: admin./clinical)											
17. Explore the possibility of a co-op agreement; extend agreement with Wilkes-Barre Area School District from summer to year-round.											
18. Extend existing summer program for youth volunteers to a year-round program.											
19. Explore the possibility of hiring vocational technical students who co-op (4 hours/day) training.											
Performance Measure 9 (Linked to Strategic Plan 7)											
9a. Academis Affiliation - Resident Supervision - timely attendant admission notes - Medicine											
9b. Academic Affiliation - Resident Supervision - timely attendant admission notes - Psychiatry											
9c. Academis Affiliation - Resident Supervision - timely attendant admission notes - Surgery											
Strategy 8 - Promote health within VA, local communities, & the Nation consistent with VAs mission.											
1. Educate staff on available resources to patients within VA including CBOC.											
2. Identify locations to post informational items within VAMC including CBOC.											
3. Create television health information programs to be viewed in patient's rooms & closed circuit TV in outpatient areas.											
4a. Acquire additional patient education videos											
4b. Acquire additional patient education videos											
5. Share information with community through media sources.											
6. Re-establishing Speakers Bureau											
7. Utilize "did You Know" type voice messages during the "On Hold' messaging system when patient is placed on hold.											
Invite Community to VA as potential guests, include:											
8. Bureau of the aging											
9. American Red Cross											
10. Cancer Society											
11. State Vets Home											
Promoting Health Fairs for specific diseases based on National Awareness Week:											
12. Schedule information booths by the clinical/auxiliary departments for National Health Awareness Weeks.											
Health Information Fair:											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
13. Hold Bi-annual Health Fairs utilizing resources of joint partners - AHA, ACA, Red Cross											
14. Increase employees awareness through informational sessions or dissemination of information related to: - Smoking Cessation - Stress Management - Nutrition Counseling - Exercise											
Performance Measure 17 (Linked to Strategic Plan 8) MT - Quadrant II or IV / EX - Quadrant I											

17a. In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Counseled at least once in past year - Nexus - MH Subgp											

17b. In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Counseled at least once in past year - Nexus - NonMH Subgp											

17c. In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Counseled at least once in past year - SCO&D											

17d. In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Used Tob in 12 mo - Nexus - MH Subgp (lower is better)											

17e. In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Used Tob in 12 mo - Nexus - NonMH Subgp (lower is better)											

17f.   In cohorts
    a) Nexus Clinics - MH
    b) Nexus Clinic non MH or
    c) SCI
Used Tob in 12 mo - SCI&D (lower is better)											

Performance Measure 23 (Linked to Strategic Plan 8)											

ACTION/MEASURE	RESOURCE REQUIRED	RESPONSIBLE PARTY	Targets	FY06 Q1	FY06Q2	FY06Q3	FY0604	Met, Not Met, Exceed	OUTCOME/ ACCOMPLISHMENT	O/A Date	O/A Submitter
23a. Core Clinical Indicators: Endocrinology Measure Diabetes Melitus (Nexus and SCI&D cohorts): DM Foot sensory with monofilament											
23b. Core Clinical Indicators: Infectious Measure; Pneumonia % admissions AND: PN - Pneumococcal immunization prior to admission											
23c. Core Clinical Indicators: Infectious Measure; Pneumonia % admissions AND: Pneumococcal immunizations - Nexus											
23d. Core Clinical Indicators: Mental Health Measure; Substance Use Disorder: % of pateints - Screened for at risk alcohol usage - AUDIT-C											
23e. Core Clinical Indicators: Tobacco - % of patients who smoke: Counseled at least once inpt all AMI											
23f. Core Clinical Indicators: Tobacco - % of patients who smoke: Counseled at least once while inpt. CHF											
23g. Core Clinical Indicators: Tobacco - % of patients who smoke: Counseled at least once while inpt. Pneumonia											
Monitor: Domain: Building Healthy Communities (Linked to Strategic Plan 8)											
Workers' Compensation program management											

Measure #	Mnemonic	FY06 Table of Measures	FY06 Meets Target (MT)	FY06 Exceeds Target (ET)	Period Scored for Performance	Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
		Green text = sections of a measure Blue italic text = New in FY06						
		Domain: Access						
1		**Mental Health Access:**						
1a	mhc5	MH: CBOC - % MH specialty access	90	95	10/05-8/06			
1b	mhc6	MH: Homeless Contact access to MH/SUD	68	71	06/06-8/06			
1c	mhc7	MH: Homeless Program access to MH/SUD	85	89	06/06-8/06			
1d	mhc8	MH: Homeless Program access to Eval & Mgmt	76	79	06/06-8/06			
1e	mhc9	MH: Homeless Program F/u in MH/SUD	60	67	06/06-8/06			
2	mhc10	**SMI - MHICM Capacity**	65	77	10/05-8/06			
3		**Waiting Times - Clinic**						
3a		New Patients (NP): % Seen by acceptable provider in 30 days						
3a1	wtm20	Audiology (202) (NP)	82	86	06/06-8/06			
3a2	wtm21	Cardiac (303) (NP)	79	82	06/06-8/06			
3a3	wtm22	Eye Care (407, 408)(NP)	60	64	06/06-8/06			
3a4	wtm23	Gastroenterology (307) (NP)	70	76	06/06-8/06			
3a5	wtm24	Mental Health Individual (502, 509, 510) (NP)	85	88	06/06-8/06			
3a6	wtm25	Orthopedics (409) (NP)	72	78	06/06-8/06			
3a7	wtm26	Primary Care (322, 323, 350, 531) (NP)	77	84	06/06-8/06			
3a8	wtm27	Urology (414) (NP)	74	77	06/06-8/06			
3a9	wtm11	Perception: Primary Care % seen when desired (SHEP-New Pt)	85	88	10/05-6/06			
3b		Established Patients (Est Pt): % Scheduled within 30 days of desired date						
3b1	wtm28	Audiology (202) (Est Pt)	92	95	06/06-8/06			
3b2	wtm29	Cardiology (303) (Est Pt)	92	95	06/06-8/06			
3b3	wtm30	Eye Care (407, 408) (Est Pt)	92	95	06/06-8/06			
3b4	wtm31	Gastroenterology (307) (Est Pt)	92	95	06/06-8/06			
3b5	wtm32	Mental Health Individual (502, 509, 510) (Est Pt)	92	95	06/06-8/06			
3b6	wtm33	Orthopedics (409) (Est Pt)	92	95	06/06-8/06			
3b7	wtm34	Primary Care (322, 323, 350, 531) (Est Pt)	92	95	06/06-8/06			
3b8	wtm35	Urology (414) (Est Pt)	92	95	06/06-8/06			

Measure #	Mnemonic	**FY06 Table of Measures** Green text = sections of a measure *Blue italic text =* *New in FY06*	**FY 06 Targets**			**Quadrant Calculations**		
			FY06 Meets Target (MT)	**FY06 Exceeds Target (ET)**	**Period Scored for Performance**	Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
3b9	wtm12	Perception: Primary Care % Seen when desired (SHEP-Est Pt)	85	88	10/05-6/06			
3c		Missed Opportunities - No Show and clinic cancellations						
3c1	mo1	*Audiology (202)*	<9	NA	06/06-8/06			
3c2	mo2	*Cardiac (303)*	<14	NA	06/06-8/06			
3c3	mo3	*Eye Care (407, 408)*	<15	NA	06/06-8/06			
3c4	mo4	*Gastroenterology (307)*	<20	NA	06/06-8/06			
3c5	mo5	*Mental Health Individual (502, 509, 510)*	<17	NA	06/06-8/06			
3c6	mo6	*Orthopedics (409)*	<14	NA	06/06-8/06			
3c7	mo7	*Primary Care (322, 323, 350, 531)*	<13	NA	06/06-8/06			
3c8	mo8	*Urology (414)*	<15	NA	06/06-8/06			
3c9	mo9	*Podiatry (411)*	<14	NA	06/06-8/06			
3d		Consult Completion Timeliness						
3d1	cc1	*Consult Completion 12-18 months*	97	NA	06/06-8/06			
4	wtm10	**Waiting Times - Provider**	78	81	10/05-6/06			
		Domain: Cost						
5	fin7	**Financial Index Measure (*21* Indicators)**	85	85+6	9/28/05-9/26/06			
6		**Revenue**						
6a	fin5	Collections - % meeting target	VISN		9/28/05-9/26/06			
6b	fin8	Fee Basis Payment: *Non-VA Outpatient Claims adjusted due to use of code-editing software*	15	30	06/06-8/06			
		Domain: Functional Status						
7	fnct4	**Rehabilitation**	76	80	10/05-8/06			
8	fnct5	**Non-institutionalized Care (ADC)**	VISN		10/05-8/06			
		Domain: Healthy Community						
9		**Academic Affiliations - Resident Supervision -timely attending admission notes**						
9a	res4	Medicine	85	90	9/05-7/06			
9b	res6	Psychiatry	85	90	9/05-7/06			
9c	res5	Surgery	85	90	9/05-7/06			
		Domain: Quality						

Measure #	Mnemonic	**FY06 Table of Measures** Green text = sections of a measure Blue italic text = New in FY06	**FY06 Meets Target (MT)**	**FY06 Exceeds Target (ET)**	**Period Scored for Performance**	Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
			FY 06 Targets			**Quadrant Calculations**		
10		**Cancer Measure:** % of patients receiving screening for:						
10a	p3h	Breast Cancer	85	90	10/05-8/06	70	11	Old
10b	p4h	Cervical Cancer	85	90	10/05-8/06	75	13	Old
10c	p6h	Colorectal Cancer, 52-80 yrs	72	75	10/05-8/06	62	13	Old
11		**Cardiovascular Measure**						
11a		ACS Inpatients with:						
11a1	ihi41	ECG timely	75	85	10/05-8/06	45	8	Old
11a2	ihi42	Reperfusion intervention as appropriate - all STEMI	90	95	10/05-8/06	Low Volume		Old
11a3	ihi44	Reperfusion PCI in 120 min - all STEMI	90	95	10/05-8/06	Low Volume		Old
11a4	ihi43	Reperfusion Thrombolytic Rx in 30 min - all STEMI	90	95	10/05-8/06	Low Volume		Old
11a5	ihi45	Risk High/Mod with Cardiology involvement in 24 hours - all AMI	87	92	10/05-8/06	72	7	Old
11a6	ihi31n	Risk High/Moderate with dx cath prior to dischg	90	95	10/05-8/06	Low Volume		Old
11a7	ihi29n	Troponin returned within 60 minutes of order	85	89	10/05-8/06	34		Old
11b		Heart Failure - Inpatients with						
11b1	chi20	ACE/ARB prior to inpt admission, EF<40	90	95	10/05-8/06	Low Volume		Old
11b2	chi7	Discharge instr for diet/wt/meds - JCAHO	90	95	10/05-8/06	73	11	Old
11b3	chi17	Weight instruction prior to admission	90	95	10/05-8/06	79	8	Old
11c		Hypertension: % of **Nexus cohort** pts with diagnosis of HTN and most recent B/P in any clinic:						
11c1	htn9	HTN BP < = 140/90	75	78	10/05-8/06	64	12	Old
11c2	htn10	HTN BP > = 160/100 or not recorded (lower is better)	7	5	10/05-8/06	13	7	Old
11d		Ischemic Heart Disease: % Prior AMI pts AND						
11d1	ihd15	LDL-C <100 most recent AND lipid profile in the past 2 years	65	71	10/05-8/06	49	13	Old
11d2	ihd19	LDL-C >=120 (poor control; lower is better)	17	14	10/05-8/06	32	9	Old
12		**Endocrinology Measure**						
		Diabetes Mellitus (Nexus and SCID cohorts)						

Measure #	Mnemonic	FY06 Table of Measures	FY06 Meets Target (MT)	FY06 Exceeds Target (ET)	Period Scored for Performance	Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
		FY06 Table of Measures		**FY 06 Targets**			**Quadrant Calculations**	
		Green text = sections of a measure *Blue italic text = New in FY06*						
12a	dmg27	DM: BP < = 140/90 - Nexus	75	78	10/05-8/06	64	9	Old
12b	dmg27s	DM: BP < = 140/90 - SCI&D	75	78	10/05-8/06	64	Low Volume	Old
12c	dmg28	DM: BP >= 160/100 (lower number is better) - Nexus	7	5	10/05-8/06	13	11	Old
12d	dmg28s	DM: BP >= 160/100 (lower number is better) - SCI&D	7	5	10/05-8/06	13	Low Volume	Old
12e	dmg23	DM: HBA1c >9 or not done (Lower is better) - Nexus	15	12	10/05-8/06	22	9	Old
12f	dmg23s	DM: HBA1c >9 or not done (Lower is better) - SCI&D	15	12	10/05-8/06	22	Low Volume	Old
12g	dmg7n	DM: Outpt LDLc-C <120 (Good Control) Nexus	79	83	10/05-8/06	67	13	Old
12h	dmg7ns	DM: Outpt LDLc-C <120 (Good Control) (SCI&D)	79	83	10/05-8/06	67	Low Volume	Old
12i	dmg31h	DM: Retinal Exam, timely by disease - Nexus	82	87	10/05-8/06	66	10	Old
12j	dmg31s	DM: Retinal Exam, timely by disease - SCI&D	82	87	10/05-8/06	66	Low Volume	Old
13		**Infectious Measure**						
13a		Pneumonia: % admissions AND:						
13a1	cap10	PN3b Blood Cultures before first antibiotic dose	90	93	10/05-8/06	79	8	Old
13a2	cap6	PN - Influenza immunization prior to admission	82	88	10/05-8/06	65	Low Volume	Old
13a3	*cap12*	*PN - Antibiotic first dose within 4 hours of arrival*	73	90	10/05-08/06	50	9	*New*
13b		Immunizations						
13b1	p22	Influenza – Nexus Clinics (Vaccination during flu season 09/01/05 to 2/28/06)	75	80	03/06-08/06	65	11	Old
13b2	p19s	Influenza – Spinal Cord Injury & Disorder (Vaccination during flu season 09/01/05 to 2/28/06)	75	80	03/06-08/06	65	Low Volume	Old
13b3	p1s	Pneumococcal – Spinal Cord Injury & Disorder	85	88	10/05-08/06	70	Low Volume	Old
14		**Intensive Care**						

Measure #	Mnemonic	**FY06 Table of Measures** Green text = sections of a measure *Blue italic text = New in FY06*	**FY 06 Targets** FY06 Meets Target (MT)	FY06 Exceeds Target (ET)	Period Scored for Performance	**Quadrant Calculations** Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
14a	icu1	*Implementation of Acute Myocardial Infarction (AMI), Central Line Infection (CLI), and Ventilator Associated Pneumonia (VAP) ICU Bundles*	All three bundles implemented = Pass	NA	Implement by the end August FY06			
15		**Substance Use Disorder:** % of patients with						
15	sa5	Substance Use Disorder: % of patients with Continuity of Care	39	42	10/05-8/06			
16		**Nursing Home Care Unit - % of pts with:**						
16a	nhc1	Activity - little or none (lower is better)	10	5	10/05-8/06	20	3	Old
16b	nhc2	Incontinence and no toileting plan (lower is better)	22	19	10/05-8/06	32	25	Old
17		**Tobacco -** % of patients who smoke:						
17a	smg4m	Counseled at least once in past year- Nexus - MH Subgp	86	90	10/05-8/06	70		Old
17b	smg4	Counseled at least once in past year - Nexus - NonMH Subgp	86	90	10/05-8/06	70	6	Old
17c	smg4s	Counseled at least once in past year - SCI&D	86	90	10/05-8/06	70		Old
17d	smg2mn	Used tob in 12 mo - Nexus - MH Subgp (lower is better)	43	38	10/05-8/06	NA	NA	Old
17e	smg2n	Used tob in 12 mo - Nexus - NonMH Subgp (lower is better)	20	17	10/05-8/06	NA	NA	Old
17f	smg2sn	Used tob in the past 12 mo - SCI&D (lower is better)	31	27	10/05-8/06	NA	NA	Old
		Quality - Non Quadrant						
18	cpe1	**Compensation and Pension Exam Report Quality**	83	86	10/05-08/06			
19	rad4	**Radiology: Verification of Reports in TWO (2) days**	90	95	10/05-9/06			
20		**Surgical Infection Prophylaxis**						
20a	SIP1a	Began timely	87	90	10/05-8/06			
20b	SIP3an	Discontinued timely	87	90	01/06-8/06			
		Domain: Satisfaction						
21		**Veteran Satisfaction (SHEP)**						
21a	psat1	Ambulatory Care	77	80	10/05-6/06			
21b	psat2	Inpatient	76	79	10/05-6/06			
22	emps5	**Work Force Planning**	Pass		FY06			

Measure #	Mnemonic	**FY06 Table of Measures**	**FY 06 Targets**			**Quadrant Calculations**		
		Green text = sections of a measure Blue italic text = New in FY06	**FY06 Meets Target (MT)**	**FY06 Exceeds Target (ET)**	**Period Scored for Performance**	Facility Floor or Ceiling	# vamc outside floor or ceiling	New or Old
23		**Core Clinical Indicators:**	*If a CCI existed as an element of a Quadrant in the year it moved to a CCI, any floor/ceiling in place for that measure will be carried forward and the floor/ceiling will apply to each facility within the VISN. If any facility within the VISN fails the floor/ceiling the measure will remain a CCI for that VISN until the target AND the floor requirements are successfully met.*					
		Endocrinology Measure						
		Diabetes Mellitus (**Nexus** and **SCI&D** cohorts)						
	c7n	DM: Foot sensory with monofilament - Nexus	80	NA	10/05-8/06	59	10	
		Infectious Measure						
		Pneumonia: % admissions AND:						
	cap7	PN - Pneumococcal immuniz. prior to admission	85	NA	10/05-8/06	70	7	
	p1	Pneumococcal – Nexus Clinics	85	NA	10/05-8/06	70		
		Mental Health Measure						
		Substance Use Disorder: % of patients:						
	sa3	Screened for at risk alcohol usage - AUDIT-C	90	NA	10/05-8/06	80	9	
		Tobacco - % of patients who smoke:						
	ihi39	Counseled at least once inpt - all AMI	89	NA	10/05-8/06	66		
	chi6	Counseled at least once while inpt - HF (JCAHO HF4)	89	NA	10/05-8/06	66		
	cap4a	Counseled at least once while inpt - PN (JCAHO PN4)	89	NA	10/05-8/06	66		
Change Jan 04 06 Changed Flu Season Start to Sept 1								
Change Jan 04 06 Changed Performance Period Header to Period Scored for Performance								
Change Jan 04 06 Changed Performance Period for Influenza to start March 1 06								
Change Jan 18 06 Added Missed Opportunity mo1-mo9 measure information								
Change Jan 18 06 Added Consult Completion cc1 measure information								
Change Jan 18 06 Added ICU Bundle Implementation (icu1)measure information								
Change Jan 24 06 Modified the mo1-mo9 targets								
Added Jan 24 06 Fee Code Editing software fin8 indicator information and targets								
Added Jan 24 06 ICU1 targets								
Added Jan 24 06 MO clinic stop codes								
Added Jan 24 06 CCI not in quadrant but applied on a measure specific basis								